

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			11-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	830	12-12-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-19-03
2	✓	✓	10-28-03
3	✓	✓	7-15-04
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	5-19-03
52	✓	✓	10-28-03
53	✓	✓	7-15-04
54	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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9/12  
12/12/10